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Disclosure Roard	1				
Fax: 515-281-4073	DISCLOSUR	E SUMMARY PAGE		Market et al	·
COMMITTEE NAME (Must	he same as on Statement of Or	qenization)	 1	400000	20 411 9:
Harl Shepard for Supervis		•	l r	FORM	
IMPORTANT: Indicate by # type	of committee you are reporting for	7 5	-	DR-2	DISCLOSURE
(1)SithleWide/Legislative/Judge (4)County Central Committee (Standing for Retention Candidate 5 (County Candidate / A Vity County Candidate	(2)State PAC (3)State Party	! !	(Rev. 07/2007)	REPORT
Subdivision Candidate (8)Cou 11) Local Ballot Issue	rity PAC (9) City PAC (10) School	of Board of Other Political Subdivision PA	C (or Office Use Or	
CANDIDATE COMMITTEES	CONLY:			Comm. #	
Candidate Name	, one i	Political Party (if applicable)		Logged in	
Earl Shepard		Democratic		Computer	
Office Sought County Supervisor		District (if Senate or House)		Audited	
uto reports are subject to poss	ible civil and criminal penalties. F	Pursuant to lows Code sections 688.32	A(7) and 6	8A.401(3), the can	didate, for a
CAN STOPA	*X	641-233-7437		10/16/6	08
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AM FILING A October 19th	2008	DEPORT FOR A MARKET	4		
	oport date)	REPORT FOR (1) ELECTION		-ELECTION YEA	R.
•	O REPORT DATED				<u> </u>
			Local Com	imittees, enter Date	of Election
Check if this is final (termin	ation) report and attach Notice	of Dissolution Form DR-3.	Nov 4, 2		***
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CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions of for any

NOTE: ANY PETRONA OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

STATE CANDIDATES WOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAGE (POLITICAL ACTION COMMITTEE), LIST THE DECIDINATED COLUMIS. A LIST OF 10 NUMBERS IS AUGUSTULE FROM THE UWA ETHICS AND CAMPITED A COMMITTEES, LIST THE DECIDINATED COLUMIS. A LIST OF 10 NUMBERS IS AUGUSTULE FROM THE UWA ETHICS AND CAMPITED.

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	MAGN EVIGNEMA	First Shepard for Supervisor
J	CHECK THIS BOX IF	COMMITTEE NAME (Must be same as on Statement of Organization)
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FOR INSTRU	CTONS	SEE BACK	OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE KYWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

EARL SHEPARD FOR SUPERVISOR

10/5/88 C 0/6/08 C 11 10/9/08 C	D# CK# D# CK#	FRONTLING PRINTING 204 S. 2044-84 FRIRFIELD, IA S2556 FRIRFIELD WEEKLY READER 57 E BROADWAY #103 FRIRFIELD IA \$2556 MIDWESTONE BANK 68 & BURLINGTON AVE FRIRFIELD 1/A 525	HANDOUT PRIMAINE ARACH AD AND TYPECHETORIE CHECKS CHAREE	\$ /12.3S 42.S0
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THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing concutting, advertising, fund-rateing, politing, managing, organizing services must size be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the caudidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

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TOTAL (if lest page of this schedule)

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COMMITTEE NAME (Must be same as on Statement of Organization)	
Barl Shepard for Supervisor	
	,

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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A. Carlotte	可是問題

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEONESS
•	CK THIS BOX MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F) An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period. regardless of whether an invoice

		nas pe	en received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED A CLOSE OF REPORTING PERIOD
05/03/08	Barl Shepard 2259 Glasgow rd Fairfield, IA 52556	Reimbursement for design and printing of business cards by Tabatha Waters	45,00
09/15/08	Earl Shepard 2259 Glasgow rd Fairfield,IA 52556	reimburement for political signs Political USA Harris, NY 12742	357.82
			- 12 ye
		N. W. M. M.	
		SUB-TOTAL	\$
	TOTAL DEBTS OWED BY COMMITTEE A	T THE END OF THIS REPORTING PERIOD	402,82

(for Bahedula D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebledness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for itoms such as advertising, fund-raising, polling, managing, or

FOR INSTRUCTIONS, SEE BACK OF FORM OOMMITTEE NAME (Must be same as on Statement of Organization)	SCHEDULE IN-KIND
Earl Shepard for Supervisor	CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RÉLATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ II' FOR FUND RAISER CONTRIBUTION
06/22/08	Barb Hood 2835 239th st Fairfield,IA 52556		Signage design and construction help	30.00	
10/08/08	Denise Shepard 2259 Glasgow Rd Fairfield, IA 52556	spouse	Baking of apple crisps	30,00	
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			SUB-TOTAL	°60	
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"Discrepure lew requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be stown to the third degree of consequently (blood relatives) and affinity (columns by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

Page of (For Eulerbulk F)

NSTRUCTIONS		概是法律機		
MITTEE NAME	Must be same as on Statement of Organization)		(Rev. 02/08)	RECE
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DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT O	
RECEIVED (MM/DD/YR)	(include Endorser's Name, if Applicable)	CANDIDATE (If Applicable		
09/05/08	EARL SHEPHAD 2259 GLADGOW RD FRAGRED, LOWY 52536	CANDIDATE	500	

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